

KENTUCKY TRANSPORTATION CABINET

Division of Motor Vehicle Licensing

P.O. Box 2014

Frankfort, KY 40622

(502) 564-4076

TC 96-16

Rev. 7/98

**REQUEST FOR MOTOR VEHICLE OR BOAT RECORD
WHICH INCLUDES PERSONAL INFORMATION**

I hereby request the following information:

☐ Title History ☐ Current Owner ☐ Other (specify) _____

On the following vehicle: VIN or HIN Number:

Title _____ License Plate _____

Pursuant to the National Driver's Protection Act, I certify that this release of information is permissible for the reason checked below (please place initials beside box you checked) and will be used only as indicated. The undersigned takes full responsibility for any violations of this Act. (Government agencies use reverse side of form)

- ___ ☐ For use by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
- ___ ☐ For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers, motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- ___ ☐ For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only: (a) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and (b) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purpose of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- ___ ☐ For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgements and orders, or pursuant to an order of a federal, state, or local court.
- ___ ☐ For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
- ___ ☐ For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting.
- ___ ☐ For use in providing notice to the owners of towed or impounded vehicles.
- ___ ☐ For use by any licensed investigative agency or licensed security service for any purpose permitted under this federal law.
- ___ ☐ For use by any requester, if the requester demonstrates he/she has obtained the written consent of the individual to whom the information pertains.

Printed name of Person Making Request _____

Signature _____

Date _____

Agency or Company (If applicable) _____

Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

STATE OF KENTUCKY

COUNTY OF _____

Signed and sworn before me this ____ day of _____, 20 ____.

FOR MOTOR VEHICLE LICENSING USE ONLY

Date Processed: _____

Fees Collected: _____

Clerk's Initials: _____

Notary Public _____

My commission expires: _____

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GOVERNMENT SECTION

To be completed by the requesting government agency. This information is requested only for the benefit and use in carrying out its functions of the requesting governmental agency. The government agency agrees that no additional use will be made of the information. Check all boxes which apply.

☐ Odometer/Mileage Discrepancy

☐ Copy of Certificate of Origin

☐ Signature Verifications

☐ Copy of O/S Title

☐ Tax Purposes

☐ Copy of VTR/Supporting Documents

☐ Owner Information

☐ Copy of Current Title

☐ Clerk Error/Correction

☐ Certify Documents

☐ Transfer Dates

☐ Court Documentation

☐ Complete History

☐ Other (Specify) _____

Printed name of Person Making Request

Signature

Date

Agency

Address

City

State

Zip Code

Telephone Number